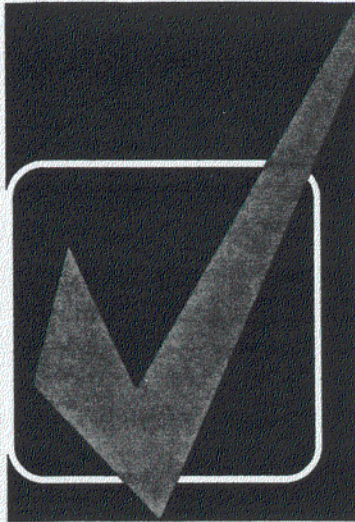


APPENDIX B. Show Cards

Independent Choices



*Division of Aging
and Adult Services*

Welcome!

**This information
will tell you more
about a new way
to obtain Personal
Care Services**

The Project will give you:

- *More Choices*
- *More Control*
- *Greater Flexibility*
- *More Responsibility*

1-888-682-0044

Division of Aging and Adult
Services

P.O. Box 1437 – Slot 1412
Little Rock, AR 72203-1437

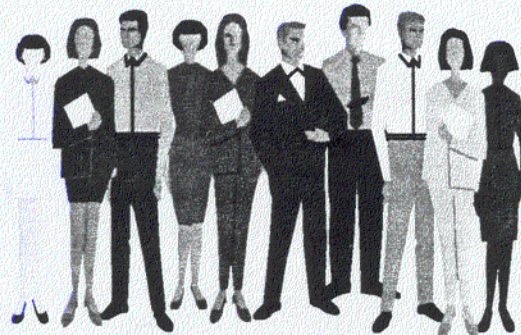
Consumer Direction Means

You Have a Say-so In -

What Services You Receive
Who Provides Those Services
When They are Provided
How They are Provided

3,500 Arkansans will have the
opportunity to participate in this Project
With

1,750 Arkansans selected to receive a
cash allowance to help manage their
own personal care services



Is Independent Choices Right For Me?

Only you and your family can decide

If you need help
managing your services - a friend or family member may help you.



Participation is
Voluntary !

Any time you wish to return to regular services -
just call

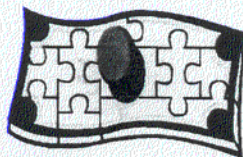
Only your Medicaid Personal Care Services Change

All other services remain just the same.

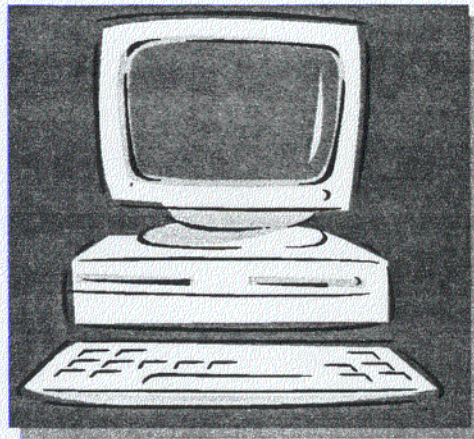
I Think I'm Interested Tell Me More!

Your participation is important!
You are helping us decide if this is a
good way to provide services.
We must have a way to measure
success in this experiment so
- we will have two groups -
one group will manage their own
services and receive the cash -
The other group will continue to
receive services from an agency.

We compare both groups



If you are willing to help
us - your name will be
sent to a computer in
New Jersey

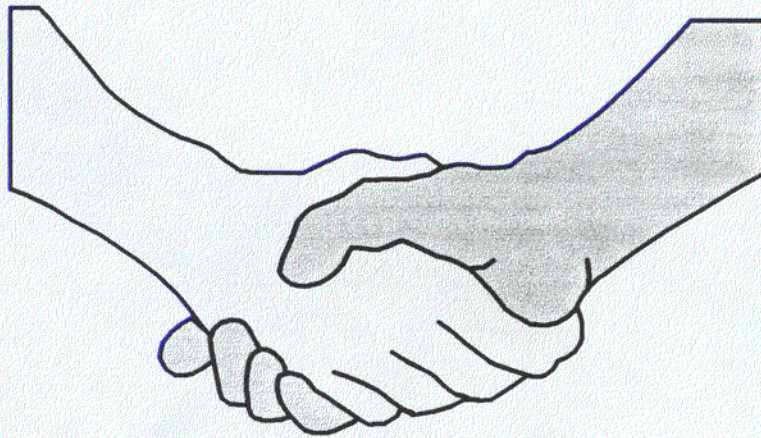


The computer will select
your name and tell us what
group you will be in



**Everyone
Selected to Receive the Cash Allowance
Will have a Counselor**

The Counselor is your partner



The Counselor -

- ✓ **Offers Suggestions**
- ✓ **Helps with Problems**
- ✓ **Helps you become more Independent**
- ✓ **Visits you in your home**
- ✓ **Helps you plan your personal care services**
- ✓ **Offers Bookkeeping Activities**
- ✓ **Helps you Plan your Cash Expenditure Plan**

The Cash Allowance

If I'm selected to receive
the Cash

How much will I receive?



Your monthly cash allowance is based on
the number of hours in your Personal
Care Plan
compared to
the number of hours of Personal Care
you actually receive in a month

You receive \$8.00 times this amount

A Division staff person will tell you how
much you can expect

If I Am Chosen to Receive the Cash Allowance How may I Spend It?

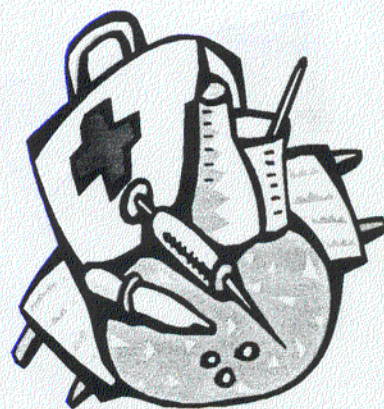
Hire someone to help you with
your personal care needs?

Perhaps a friend, neighbor or
relative?

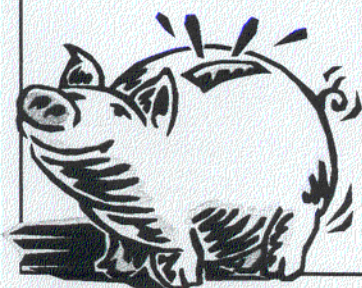


Buy items related
to your personal care?

Buy Necessary Items Not
Covered by Public Funding?



Save for Some-
thing you need?



What Responsibilities do I Have If I Hire Someone?

You Will be the *"Employer"*

This means - you



Hire

Train

Supervise

Arrange to pay state &
federal taxes

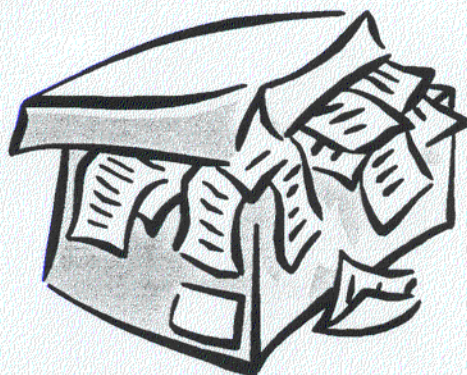
Remember - the
Counselor is there
to help you



Independent Choices Means You Have Responsibilities

◆ Keep Receipts:

Part of the study will identify
how the cash
allowance is spent



◆ Answer Questions:

Many people will
contact you and want to know what
you think about managing your own
services

◆ Work with the Counselor



Regular Home Visits
& Telephone Calls

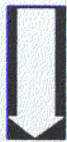
Accounts You Choose



Checking Account
Medicaid \$\$
to
Counseling/Fiscal Agency



Agency



To your Bank
Or
The Agency Keeps
& makes your payments



Savings Account
Medicaid \$\$
to
Counseling/Fiscal Agency



Agency



To your Bank
Or
The Agency Keeps
& you ask for it

Does the thought of hiring
someone and managing their
payroll tasks sound too hard?

You have choices and
We're here
to help



Option I - *"Chose Option
I - you pay-out the funds"*

Option II - *"Chose Option
II - that's all done for you!"*

**Your help is equally important
Whether you're in the**

Treatment



**You receive
the Cash**

Control



**The Aide
continues to come**

**Everyone will be contacted to see
what they think**

**Without both groups - we
Don't have an
experiment**



We Want You to Know

- ✓ This is a Scientific Experiment
- ✓ The Project will last for at least two years
- ✓ You have a 50/50 chance to receive the cash allowance
- ✓ You must follow all state and federal laws and regulations



We Want You to Know

- ✓ The Only Service Affected is Medicaid Personal Care
- ✓ All Other Services (including Medicare and Medicaid) Will Remain Unchanged
- ✓ This is a Voluntary Program
- ✓ You can Return to Agency Services at Any Time You Wish
- ✓ A Counselor will Help You by Providing Support and Advice

If I'm in the Control Group - Should I Be Disappointed?



NO!

**Your services may stay the
same
but you're opinions Count!**

**We need to know what is good and not so good
about both ways. You can help us by talking
with us.**

You are the key to our success!

Independent Choices Rights

If you Disagree with any Decision
You have the Right to Appeal

This includes:

Loss of Medicaid

Loss of Personal Care

Eligibility

Removal from the Project

Number of Personal Care

Hours

Sorry -

You cannot appeal your
selection into the Group
that does not receive
the Cash Allowance